

# **New Jersey Department of Health**

## **Infection Control Assessment and Response Team**

### **Frequently Asked Questions**

#### **Why is the New Jersey Department of Health (NJDOH) asking to visit our healthcare facility (HCF)?**

The NJDOH is excited to participate in the Center for Disease Control and Prevention (CDC) national initiative to improve infection control and prevention practices across the healthcare spectrum. Partnering and collaborating with your facility offers a great opportunity to share, learn, and change the future of patient safety from acquisition of healthcare associated infections (HAIs).

#### **What is the CDC's national initiative?**

The CDC offered funding through a cooperative agreement with states and territories for three years to participate in a nationwide effort to increase infection prevention capacity and reduce HAIs. This effort has established the Infection Control Assessment and Response (ICAR) team within the Communicable Disease Service (CDS) of NJDOH. The ICAR team bolsters infection control practice and competency across the healthcare spectrum using on-site assessments, trainings, and evaluations of existing capacities and policies.

#### **What is the focus of the ICAR team?**

The ICAR team works to:

- Establish lasting partnerships with HCFs across NJ
- Provide infection prevention self-assessment tools and resources to HCFs
- Facilitate discussions with facility leadership to assess infection prevention practices and program activities using CDC's standardized tools
- Detect infection prevention gaps through on-site interviews and observations
- Share best practices identified nationally and locally
- Bolster outbreak response and reporting preparedness

#### **Will the visit be considered a state inspection?**

**No**, this visit is not an inspection. The ICAR team is a non-regulatory group and will not share individual assessment documentation with the Division of Health Facility Survey & Field Operations (HFSFO) unless an egregious violation is observed, such as reusing a needle or syringe on multiple patients. The visit is a collaboration between the ICAR team, local health department, and your facility team members to improve infection prevention practices.

#### **What kind of infection prevention breach is considered egregious?**

A breach is a deviation from recommended practices. Some are minor, others are major. CDC refers to major deviations as "egregious" or "Category A," which are gross mistakes in infection control practices, typically with identifiable risk. These practices have been associated with bloodborne pathogen transmission in the past, therefore there is a very high likelihood of blood exposure as a result of the breach.

Examples of "Category A" errors include the reuse of needles or syringes between patient or the reuse of contaminated syringes to access multi-dose medication vials or intravenous fluid bags. "Category B" errors correspond to breaches of infection control where the likelihood of blood exposure resulting from the breach is uncertain, but thought to be less than would occur with a "Category A" breach. Examples

of “Category B” errors include colonoscope reprocessing performed with incorrect disinfectant solutions or those performed with a shorter duration than is recommended by the manufacturer or prostate biopsy probes and needles that were sterilized but the retained tissue was not physically removed from biopsy probe channel. Again, only category A breaches be reported to HFSFO.

### **What can will happen during the visit?**

You can expect a one-day visit to your facility by a small team of 3-4 people, comprised of staff from the local and state health departments. Staff may include Infection preventionists, nurses, epidemiologists, and registered environmental health specialists. During the visit, our team will conduct an interview with administration and infection prevention staff, collect direct observations, and provide educational resources in addition to qualitative feedback.

### **Which members of our healthcare team should participate in the visit?**

Suggested participants may include, but are not limited to, representatives from Administration, Nursing, Infection Prevention, Pharmacy, and Environmental Services. Upon completion of your self-assessment, you will better understand the necessary participants based on the roles and responsibilities of staff within your facility.

### **What is the assessment tool and how will it be used?**

The assessment tools were developed by CDC to assist HCFs and health departments in assessing infection prevention practices and guide performance improvement activities within HCFs. It is recommended that at all HCFs review the appropriate ICAR assessment tool and perform a self-assessment. Assessment tools were developed for acute care hospitals, long term care facilities, hemodialysis centers, and other outpatient settings. The tool will be sent to each facility prior to an ICAR assessment and will be reviewed during the visit to highlight recommended best practices and share opportunities for improvement. These tools are available at: <http://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>.

### **Will we receive a report of your findings?**

**Yes.** The facility will receive a summary report of the visit within approximately four weeks. This is not a deficiency report. In approximately six months, the ICAR team will follow up with the HCF to discuss any changes that have been implemented following the assessment. Additional resources and support will be provided as necessary. If your facility does not want to receive a report, please let the ICAR team know during the visit.

### **What will happen to the information I provide during the assessment?**

Before and during the assessment the ICAR team will record relevant information to complete the assessment tool. Once the assessment tool has been completed, the tool will be de-identified and limited “Yes/No” information will be electronically sent to CDC. In the future, this de-identified information may be used for statewide education initiatives.

### **Who can I contact for additional information?**

Facilities interested in assessing their infection prevention programs and partnering with the ICAR team can contact ICAR Infection Preventionist, Jessica Felix, BSN, RN at 609-826-5964 or [Jessica.Felix@doh.nj.gov](mailto:Jessica.Felix@doh.nj.gov) or visit [www.nj.gov/health/cd/hai.shtml](http://www.nj.gov/health/cd/hai.shtml) for more information.